Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ IL6006647 12/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET **ELEVATE CARE WAUKEGAN** WAUKEGAN, IL 60085 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident 11.24.19/IL118366 A partial extended survey was conducted. \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for **Nursing and Personal Care** The facility shall provide the necessary b) care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 01/06/20

PRINTED: 03/16/2020 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006647 12/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET **ELEVATE CARE WAUKEGAN** WAUKEGAN, IL 60085 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the safety of a resident who requires supervision with smoking. This failure resulted in R4 being outside on the patio unknown to staff at approximately 3:00 AM, wearing oxygen, lighting a cigarette and sustaining second degree facial burns. This applies 1 of 3 residents (R4) reviewed for safety and supervision in the sample of 7. The findings include:

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The Final Incident Investigation Report dated

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6006647 12/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET **ELEVATE CARE WAUKEGAN** WAUKEGAN, IL 60085 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 November 29, 2019 documents, R4 is a 61-year-old male with a diagnosis of Chronic obstructive pulmonary disease, Bipolar disorder and Schizoaffective disorder. R4 stated he was outside on the patio the morning on November 24, 2019, when he lit his cigarette and caught his long beard on fire. The Emergency report dated November 24, 2019 documents R4 presented with facial injuries that happened in the early morning hours. R4 was smoking with his oxygen on when it caught on fire and injured his faceR4 sustained 2nd degree burns around his left cheek, lower nose, and the soot on his nares V5's (Nurse Practitioner) progress note dated November 25, 2019 documents R4 was sent to the emergency room on November 24, 2019 for treatment of burns to his left facial areas: nares. left upper lid, and left eyebrow. V5 documents R4 reported to R7 (R4's brother/POA/roommate) he picked up a cigarette butt on the patio and lit it while wearing his oxygen causing a flame that burned some areas on the left side of his face. Half of the left eyebrow burned, his left upper evelid had grevish discoloration, and the left cheek area with grevish black streak, R4's nares had blackish burnt tissues. The Physician's Order Sheets through December 2019 shows R4 has diagnoses including third degree burn of head, face, and neck: dependence on supplemental oxygen; respiratory failure with hypoxia; and chronic obstructive pulmonary disease. The Minimum Data Set assessment dated

intact.

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November 21, 2019 shows R4 is cognitively

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ELEVATE CARE WAUKEGAN 2222 WEST 14TH STREET						
WAUKEGAN, IL 60085						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		EACH CORRECTIVE ACTION SHOULD BE COMPLETE CATE	
S9999	Continued From page 3		S9999			
	October 3, 2019 sh with smoking. The sa risk of having a "rareas: general awa including the ability smoking policy, pothimself or others from the areas or careless under the smoking materials.	ty Risk Observation dated ows R4 requires supervision same report shows R4 scored moderate problem" in these reness and orientation, to understand the facility safe ential for causing injury to om smoking in unauthorized sing smoking materials and hazardous behavior, begs, ms, and panhandles for dated November 25, 2019,				
	shows pictures of the eyebrow was burned discoloration to the imprint of the oxyge of his face. Both of with some skin burned discoloration to his	ne burns to R4's face. R4's left with grayish black left side of his eye/face. An en tubing was on the left side R4's nostrils are blackened ned off and R4 had burn upper lip. The same report younds as facility acquired full				
	lying in bed with his redness with part of hair. His left eyelast redness to his chees aid on November around 3:00 AM. He from the nurse's stathere was no staff at time. He went through basement dining rodoor. R4 said there doors. R4 said the fand lit up the cigare	2019 at 12:07 PM, R4 was a oxygen on. R4's left eye had f his left eyebrow having little shes appeared singed with eks, nose, and upper lip. R4 24, 2019 he went outside took the elevator across ation to the basement. R4 said at the nurse's station at this ligh the double doors in the om then outside the pation is no lock or alarm on the ound a cigarette butt outside ette while wearing his oxygen aught on fire. R4 said he				

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door."
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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: _ B. WING IL6006647 12/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET **ELEVATE CARE WAUKEGAN** WAUKEGAN, IL 60085 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 On December 17, 2019 at 1:15 PM, R6 said he was outside around 3:00 AM on November 24. 2019, smoking a cigarette without staff. R6 said R4 was outside on the patio at the same time. R6 said when he got done smoking he went back into the building while R4 was still outside. R6 said there is no lock or alarm on the double doors to the dining room or on the patio doors. R6 said he has seen R4 outside un-supervised in the past. On December 17, 2019 at 1:45 PM, V 12 (LPN) said she was R4's nurse on November 24, 2019. V12 said "I don't know how R4 got outside without supervision. I don't know if the basement doors are locked or alarmed. I've never been down there." On December 17, 2019 at 10:45 AM, V7 (Maintenance Director) said "Since R4 sneaked outside with his oxygen and lit a cigarette and caught himself on fire, we have installed new locking mechanisms on the double doors that enter the dining room onto the patio. Before the incident residents could exit anytime thru both sets of doors. " On December 18, 2019 at 9:10 AM, V5 (Nurse Practitioner) said "R4 sustained facial burns while lighting a cigarette and wearing his oxygen. R4 is not safe to be outside by himself and needs supervision with smoking. I have seen R4 outside unsupervised in the past and escorted him back inside the building. R7 (R4's POA) reported R4 will pick up cigarette butts from

outside. "

The facility's Smoking Program document states, "To provide a safe and healthy living environment

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